

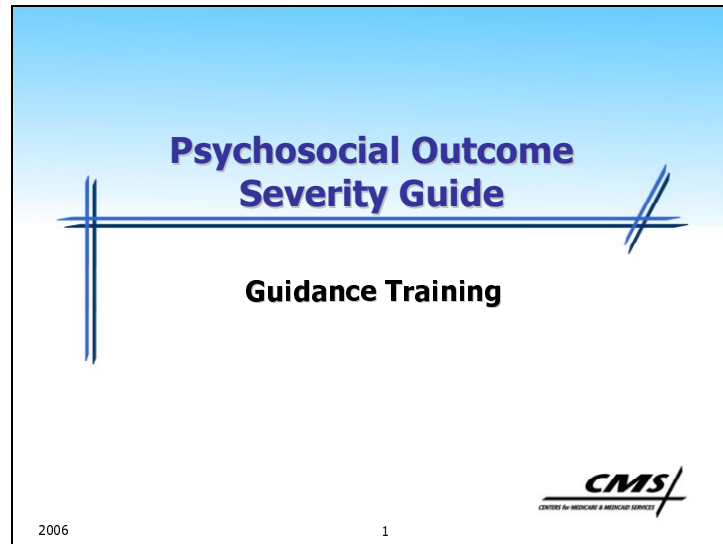


Centers for Medicare & Medicaid Services (CMS)

**Psychosocial Outcome Severity Guide  
Instructor's Guide**

2006

Prepared by:  
American Institutes for Research  
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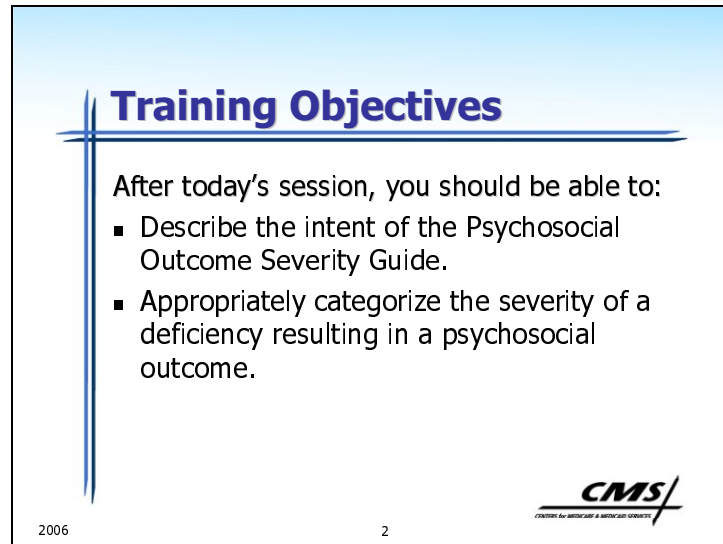


## Psychosocial Outcome Severity Guide

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**Notes:**

- Introduce yourself and the other presenters
- Welcome the participants
- Provide logistical information such as anticipated length of presentation, location of restrooms, vending machines, etc., if appropriate.

A presentation slide with a light blue header and a white body. The title "Training Objectives" is in a bold, dark blue font, underlined with a blue line. Below the title, the text "After today's session, you should be able to:" is followed by a bulleted list of two items. The first item is "Describe the intent of the Psychosocial Outcome Severity Guide." and the second is "Appropriately categorize the severity of a deficiency resulting in a psychosocial outcome." In the bottom left corner, the year "2006" is printed. In the bottom center, the number "2" is printed. In the bottom right corner, the CMS logo is displayed, consisting of the letters "CMS" in a stylized font with a diagonal line through them, and the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" in a smaller font below it.

## Training Objectives

After today's session, you should be able to:

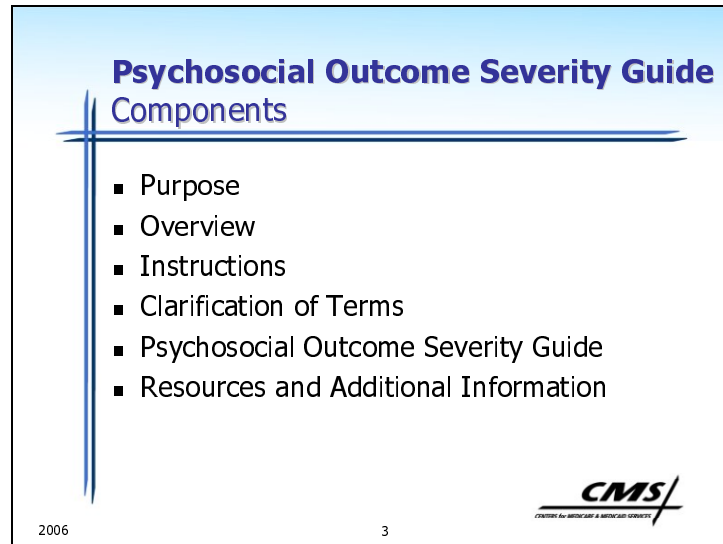
- Describe the intent of the Psychosocial Outcome Severity Guide.
- Appropriately categorize the severity of a deficiency resulting in a psychosocial outcome.

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## Training Objectives

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**Notes:** Review objectives of the training with participants.



The slide features a light blue header with the title "Psychosocial Outcome Severity Guide Components" in bold blue text. Below the title is a horizontal blue line. A vertical blue line on the left side of the slide intersects the horizontal line, forming a crosshair. To the right of this intersection is a bulleted list of six items. In the bottom right corner, there is a logo for CMS (Centers for Medicare & Medicaid Services) with the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" underneath. In the bottom left corner, the year "2006" is displayed, and in the bottom center, the number "3" is shown.

## Psychosocial Outcome Severity Guide Components

- Purpose
- Overview
- Instructions
- Clarification of Terms
- Psychosocial Outcome Severity Guide
- Resources and Additional Information

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## Psychosocial Outcome Severity Guide: Components


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**Message:** Today's agenda consists of these topic areas that make up the components of the psychosocial guide. We will discuss each component in detail and discuss implementation of the guide during the survey process.

## Psychosocial Outcome Severity Guide

### Purpose

- The Guide is to help surveyors determine severity of psychosocial outcomes resulting from noncompliance at an F Tag.
- Psychosocial outcomes may result from a facility's noncompliance with any regulatory requirement.
- The Guide is used in conjunction with current scope and severity grid.



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## Psychosocial Outcome Severity Guide: Purpose

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**Notes:** Read slide.

## Psychosocial Outcome Severity Guide

### Overview

- A resident may experience a negative physical outcome, psychosocial outcome or both resulting from the facility's deficient practice.
- Psychosocial and physical outcomes must both be considered in determining severity.

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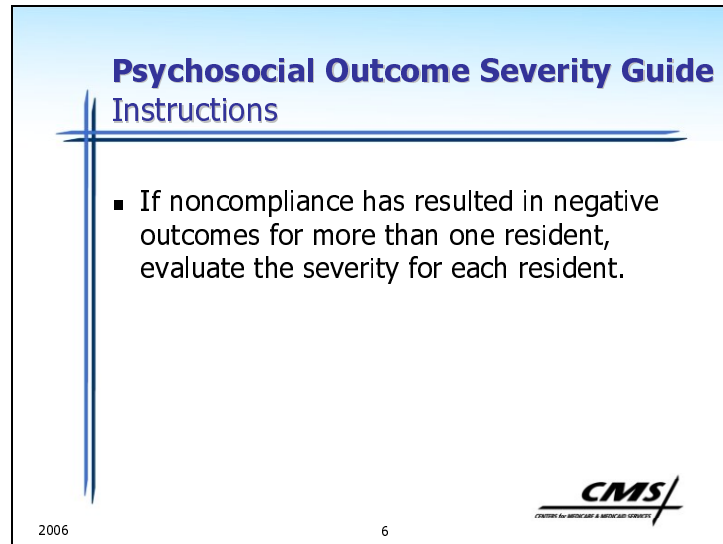
## Psychosocial Outcome Severity Guide: Overview

**Notes:** Read first bullet.

**Message:** *After reading Bullet One:* The presence of a given affect (i.e., behavioral manifestation of mood demonstrated by the resident) does not necessarily indicate a psychosocial outcome that is the direct result of non-compliance. Use this severity guide only for psychosocial outcomes resulting from the facility's non-compliance.

Read second bullet.

*After reading Bullet Two:* This Guide does not replace the current scope and severity grid but complements it. That is why it is important to consider both the physical and psychosocial outcomes and consult both grids to determine which outcome is of greater impact on the resident.

A presentation slide with a light blue header. The header contains the title "Psychosocial Outcome Severity Guide" in bold blue font, followed by "Instructions" in a smaller blue font. A horizontal blue line separates the header from the main content area. In the main content area, there is a single bullet point: "■ If noncompliance has resulted in negative outcomes for more than one resident, evaluate the severity for each resident." The slide is framed by a thin black border. In the bottom left corner, the year "2006" is printed. In the bottom center, the number "6" is printed. In the bottom right corner, the CMS logo is displayed, consisting of the letters "CMS" in a stylized font with a diagonal line through them, and the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" in a smaller font below it.

**Psychosocial Outcome Severity Guide**  
Instructions

- If noncompliance has resulted in negative outcomes for more than one resident, evaluate the severity for each resident.

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## Psychosocial Outcome Severity Guide: Instructions

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**Notes:** Read the slide.

**Message:** This is the same as what surveyors are currently instructed to do in determining severity. The team always evaluates each resident mentioned in the deficiency separately and bases severity on the highest level the team selected for any of the residents.

**Psychosocial Outcome Severity Guide**  
**Instructions (cont.)**

The Guide may apply to four situations involving psychosocial outcomes resulting from a deficient practice:

- When a resident verbally or non-verbally communicates outcome
- When a resident exhibits a response
- When a resident has no discernable response
- When a resident's response is incongruent with a response a reasonable person would have

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## Psychosocial Outcome Severity Guide: Instructions

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**Notes:** Read the slide.

**Message:** Now we will discuss each of these situations in detail.



## Psychosocial Outcome Severity Guide


### Instructions (cont.)

**The Guide can be used for:**

- A resident who verbally or non-verbally communicates outcome
- A resident who exhibits a response

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## Psychosocial Outcome Severity Guide: Instructions

**Message:**

In the first bullet:

- Determination of severity for a deficient practice must take into account the resident's reaction or outcome related to the practice. This outcome may be communicated to the surveyor verbally or non-verbally.
  - For example, a resident may report boredom, fear, anger, etc., in response to the deficient practice. The resident may communicate his or her reaction verbally, in writing, using a communication board, or by some other means.

In the second bullet:

- If the resident is unable to communicate outcome, the surveyor should be alert to non-verbal responses the resident is making.
  - For example, the surveyor observes a staff member yelling at a resident and the resident responds by cowering, crying, etc.
- The team should discuss verbal or non-verbal responses as well as observed resident reactions to the deficient practice and compared the responses and reactions to the levels of severity in the Psychosocial Outcome Severity Guide.

### Psychosocial Outcome Severity Guide


#### Instructions (cont.)

**The Guide can be used in conjunction with the Reasonable Person Concept**

- How would a "reasonable person" react if he/she were in the resident's situation?

**Use this concept in two situations:**

- The resident's psychosocial outcome may not be readily determined.
- The resident's reactions are incongruent with the deficient practice (i.e., the resident "does not mind" the deficient practice.)

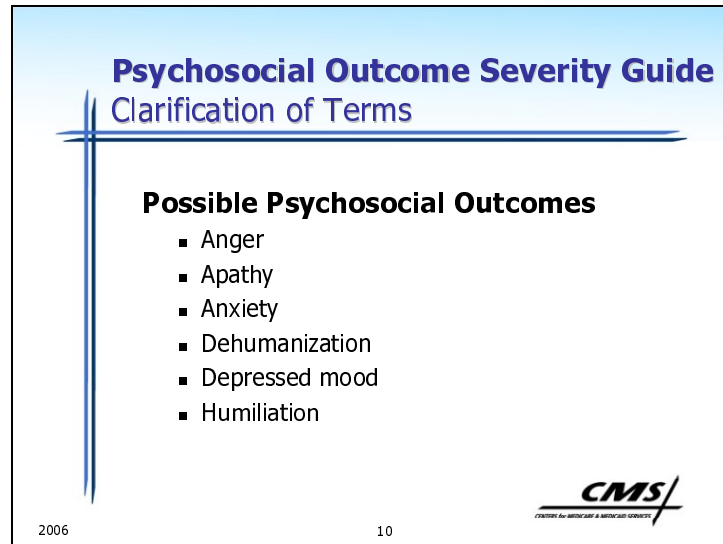
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## Psychosocial Outcome Severity Guide: Instructions

**Message:** There are two instances in which the survey team should select the correct level of psychosocial severity based on the Reasonable Person concept. This concept directs the team to decide severity based on how most people would react to the situation in question.

1. In the first case, the resident's response cannot be determined or there is no discernable response to the deficient practice.
2. In the second case, the resident's reaction is markedly incongruent with the reaction most people would have to the offensive practice. This sometimes happens when a resident has become institutionalized to expect this treatment by repetition of the deficient practice over time.

We'll go over some examples of selecting severity based on the reasonable person concept after we look at the levels of psychosocial severity.



## Psychosocial Outcome Severity Guide: Clarification of Terms

**Notes:** Demonstrate to participants where the definitions can be found.

**Message:** The expert panel that helped developed this new guidance provided definitions for these terms from the psychological research literature. These words are key terms in the determination of the level of psychosocial outcome.

**Anger** refers to an emotion caused by the frustrated attempts to attain a goal, or in response to hostile or disturbing actions such as insults, injuries, or threats that do not come from a feared source.

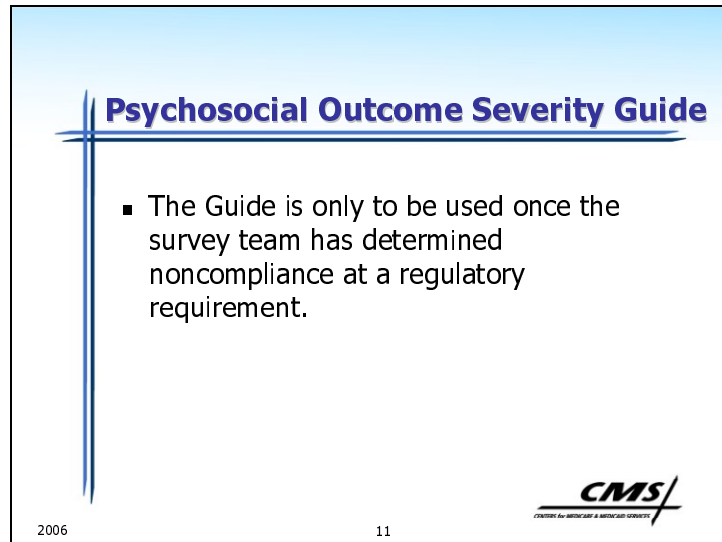
**Apathy** refers to a marked indifference to the environment; lack of a response to a situation; lack of interest in or concern for things that others find moving or exciting; absence or suppression of passion, emotion, or excitement.

**Anxiety** refers to the apprehensive anticipation of future danger or misfortune accompanied by a feeling of distress, sadness, or somatic symptoms of tension. Somatic symptoms of tension may include, but are not limited to, restlessness, irritability, hyper-vigilance, an exaggerated startle response, increased muscle tone, and teeth grinding. The focus of anticipated danger may be internal or external.

**Dehumanization** refers to the deprivation of human qualities or attributes such as individuality, compassion, or civility. Dehumanization is the outcome resulting from having been treated as an inanimate object or as having no emotions, feelings, or sensations.

**Depressed mood** (which does not necessarily constitute clinical depression) is indicated by negative statements; self-deprecation; sad facial expressions; crying and tearfulness; withdrawal from activities of interest; and/or reduced social interactions. Some residents such as those with moderate or severe cognitive impairment may be more likely to demonstrate nonverbal symptoms of depression.

**Humiliation** refers to a feeling of shame due to being embarrassed, disgraced, or depreciated. Some individuals lose so much self-esteem through humiliation that they become depressed.

A presentation slide titled "Psychosocial Outcome Severity Guide" in blue text. The slide has a light blue header and a white body. A blue vertical line is on the left side. A bullet point states: "The Guide is only to be used once the survey team has determined noncompliance at a regulatory requirement." The CMS logo is in the bottom right corner. The year "2006" is in the bottom left corner, and the number "11" is in the bottom center.

**Psychosocial Outcome Severity Guide**

- The Guide is only to be used once the survey team has determined noncompliance at a regulatory requirement.

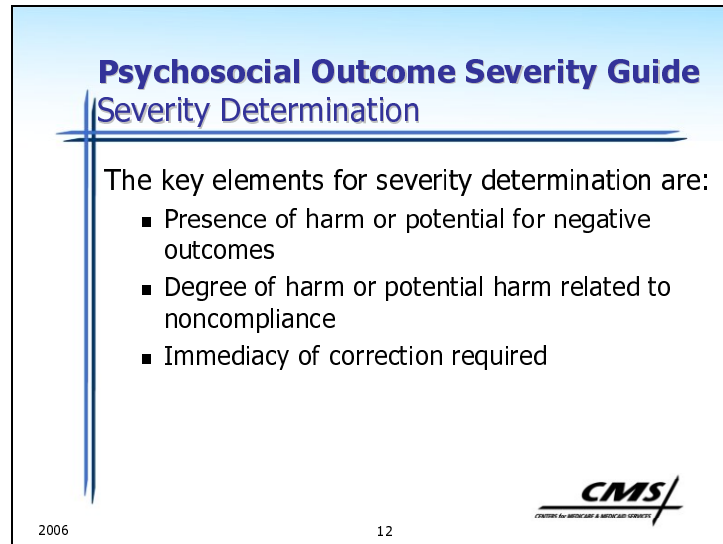
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## Psychosocial Outcome Severity Guide

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**Message:** Remember, this Guide is only used after the survey team has determined the presence of a deficiency that has psychosocial outcome. Because many nursing home residents have sadness, anger, loss of self-esteem, etc. in reaction to normal life experiences, the survey team must have determined that the psychosocial outcome is a result of the noncompliance.


Psychosocial outcomes of interest to surveyors are those caused by the facility's noncompliance with any regulation. This also includes psychosocial outcomes resulting from facility failure to assess and develop an adequate care plan to address a resident's pre-existing psychosocial issues, which led to continuation or worsening of the condition.



**Psychosocial Outcome Severity Guide**  
**Severity Determination**

The key elements for severity determination are:

- Presence of harm or potential for negative outcomes
- Degree of harm or potential harm related to noncompliance
- Immediacy of correction required

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## Psychosocial Outcome Severity Guide: Severity Determination

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**Notes:** Read slide.

**Message:** This is true for selecting severity for all deficiencies, based on either a physical or a psychosocial response or both.

## Deficiency Categorization

### Severity Determination Levels

- **Level 4:** Immediate Jeopardy to resident health or safety
- **Level 3:** Actual harm that is not immediate jeopardy
- **Level 2:** No actual harm with potential for more than minimal harm that is not immediate jeopardy
- **Level 1:** No actual harm with potential for minimal harm



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## Deficiency Categorization: Severity Determination Levels

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**Notes:** Read slide.

**Message:** Now we'll discuss these levels of severity as they apply to deficiencies in which the outcome is psychosocial.


## Deficiency Categorization

### Severity Level 4: Immediate Jeopardy

Examples Of Outcomes To A Deficient Practice:

- Suicide attempt, suicidal thoughts, preoccupation, planning (e.g., refusing to eat or drink in order to kill oneself)
- Engaging in self-injurious behavior
- Sustained & intense crying, moaning screaming
- Expression of severe, unrelenting, excruciating pain

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## Deficiency Categorization: Severity Level 4

**Notes:** Read the slide.

**Message:** Immediate Jeopardy is a situation in which the facility's noncompliance:

- Has allowed/caused/resulted in, or is likely to allow/cause/result in serious injury, harm, impairment, or death to a resident; and
- Requires immediate correction, as the facility either created the situation or allowed the situation to continue by failing to implement preventative or corrective measures.

All the outcomes listed on this slide, if they are outcomes related to a deficient practice, are quite serious. The survey team should select Level 4 severity. This applies whether there was an observed outcome or when the team is using the reasonable person concept.

## Deficiency Categorization

### Severity Level 3: Actual Harm

Examples Of Outcomes To A Deficient Practice:

- Significant decline in former social patterns that does not rise to the level of immediate jeopardy
- Depressed mood that may be manifested as:
  - Loss of interest or ability to feel pleasure
  - Psychomotor agitation accompanied by sadness
  - Expressions of feelings of worthlessness
  - Recurrent thoughts of death or statements such as, "I wish I were dead" or "my family would be better off without me".

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## Deficiency Categorization: Severity Level 3

**Message:** Severity Level 3 indicates noncompliance that results in actual harm, and can include but may not be limited to clinical compromise, decline, or the resident's inability to maintain and/or reach his/her highest practicable well-being.

*Read examples from slide.*

- These outcomes show that there has been compromise in the resident's psychosocial functioning due to the deficient practice.
- Compromise is the key factor that determines the difference between Level 3 and outcome at Level 2 which is limited to outcome to the level of discomfort.
- Remember, the reasonable person concept cannot always be used at Level 3. The concept CAN be used when there is no discernible response or when circumstances obstruct the direct evaluation of the resident's psychosocial outcome. Such circumstances may include, but are not limited to:
  - the resident's death,
  - subsequent injury,
  - cognitive impairments,
  - physical impairments, or
  - insufficient documentation by the facility.
- However, the concept CANNOT be used when the resident's reaction to a deficient practice is markedly incongruent with the level of reaction the reasonable person would have to the deficient practice. In these situations, the survey team may use the reasonable person concept to evaluate the **potential** severity (Level 2 or Level 4) of the deficient practice.



## Deficiency Categorization

### Severity Level 3: Actual Harm

Examples Of Outcomes To A Deficient Practice (cont.):

- Expressions of persistent pain or physical distress that has compromised the resident's functioning.
- Chronic or recurrent anxiety; sleeplessness due to fear.  
*Expression of fear not to level of immobilization as in level 4.*
- Ongoing expression of humiliation that persists after precipitating event has ceased.
- Aggression that could lead to injuring self or others.

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## Deficiency Categorization: Severity Level 3

**Message:** Here are some examples of outcomes at Severity Level 3.

*Read the bullets.*


## Deficiency Categorization

### Severity Level 2: Potential for Harm

Examples Of Outcomes To A Deficient Practice:

- Intermittent sadness, as reflected in facial expression, tearfulness.
- Feelings or complaints of discomfort or moderate pain; irritability.
- Fear or anxiety manifested as signs of minimal discomfort that has the potential to compromise well-being.

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## Deficiency Categorization: Severity Level 2

**Message:** Severity Level 2 indicates noncompliance that results in a resident outcome of no more than minimal discomfort and/or has the potential to compromise the resident's ability to maintain or reach his or her highest practicable level of well being. The potential exists for greater harm to occur if interventions are not provided.

*Read the examples from the slide.*

## Deficiency Categorization


### Severity Level 2: Potential for Harm (cont.)

Examples Of Outcomes To A Deficient Practice (cont.):

- Feeling of shame or embarrassment without loss of interest in the environment and self.
- Complaints of boredom accompanied by expressions of periodic distress, that do not result in maladaptive behaviors (e.g. verbal or physical aggression).
- Verbal or nonverbal expressions of anger that do not lead to harm.

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## Deficiency Categorization: Severity Level 2

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**Message:** The bullets in this slide are examples of outcomes at Level 2.


*Read the bullets.*

They are a lesser level of outcome than the bullets that describe Level 3. Here the resident shows a reaction of discomfort that has not compromised functioning.

## Deficiency Categorization

### Severity Level 1: Potential for Minimal Harm

- Severity Level 1 is ***not*** an option because any facility practice that results in a reduction of psychosocial well-being diminishes the resident's quality of life.
- The deficiency is, therefore, at least a Severity Level 2 because it has the potential for more than minimal harm.



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## Deficiency Categorization: Severity Level 1

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**Message:** *Read the slide.*


Survey teams should not select Level 1 severity for a deficient practice that has psychosocial outcomes, since Level 1 is reserved for deficiencies in which there is no outcome and there is potential for causing “no more than minor negative impact.”


The Quality of Life tags and Quality of Care tags in general concern issues of key relevance to residents and should be cited at Level 2 or above. Level 1 is intended for deficiencies such as F167 which mandates that the results of the survey must be made available for review.

### Psychosocial Outcome Severity Guide

#### Scenarios and Examples

- For each example, determine the level of severity you would select.
- Why would you choose this level?



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## Psychosocial Outcome Severity Guide: Scenarios and Examples

**Message:** Now for some examples. The following are examples of outcomes contained within deficiencies. These are not meant to contain all information that would be found in a deficiency, but are meant for discussion of severity selection. For each example we refer to only one resident, since severity needs to be determined for each resident separately.

**Examples:** What level of severity would you select for these deficiencies?

**Example 1:** A comatose resident was raped by a staff member.

- **Answer:** Level 4.
- **Rationale:** Resident's lack of discernable response makes it necessary for the team to decide based on reasonable person concept.

**Example 2:** Staff do not toilet residents at night. They tell residents to wet the bed and they will clean them up and the bed in the morning. A resident interviewed about the lack of toileting at night says "it is just how things have to be" and he is "used to it."

- **Answer:** Level 2.
- **Rationale:** Selecting a level of severity for this resident, the team would use the reasonable person concept since the reaction is incongruent with the offense, and shows the resident is institutionalized to expect substandard treatment. We can not select Level 3 using the reasonable person concept since we are unable to prove actual harm to this resident. If there are other residents who are part of this deficiency, each resident should be evaluated separately.

**Examples:  
(cont.)**

**Example 3:** The team is citing a deficiency for activities, since there are few activities and most residents are not included. One resident who is part of the deficiency is a cognitively impaired resident who does not verbalize. This resident was observed during all days of survey sitting in the hall or in her room with nothing to do.

- **Answer:** Level 2.
- **Rationale:** The team should select Level 2 which includes the potential not yet realized for compromise. Level 3 is too high, since the team would have to show evidence of actual harm (compromise).

**Example 4:** A deficiency is being cited in incontinence. One resident included in this deficiency reports to the surveyor that she is so upset that she has become incontinent that she cries every day and refuses to come out of her room.

- **Answer:** Level 3.
- **Rationale:** Here we have both physical and psychosocial outcome from a deficiency in Quality of Care. In this case, the physical outcome is that the resident has declined in functioning, which is Level 3 actual harm. The psychosocial outcome matches this, as the resident has become compromised in psychosocial functioning. In a deficiency in which both physical and psychosocial outcomes have occurred, the team should base severity on whichever is higher.

**Example 5:** A resident with severe depression when admitted, which was confirmed by appropriate medical and psychiatric evaluation, has not received any nonpharmacologic or medication interventions, despite appropriate indications and lack of contraindications for treatment, and continues to be severely depressed.

**Answer:** Level 3.

- **Rationale:** This is a case in which the facility failed to help the resident with a serious medical condition with significant psychosocial implications. This should be cited at Level 3, actual harm, as the continuance of her severe depression is harm to the level of compromise.